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[For the Medical and Surgical Reporter.]

ROUGH NOTES

*Of an Army Surgeon's experience during the
Great Rebellion.*

By J. THEODORE CALHOUN,
Surgeon, 5th Regiment, Excelsior Brigade, N. Y. V.

No. 13.

THE SURGEON ON THE BATTLE-FIELD.

Allow me to offer a few hints for the benefit of those of your army readers who have yet to enter upon their first battle-field.

A Surgeon is a non-combatant, so recognized by the laws of war and the usages of civilized nations. Don't make yourself ridiculous, then, by sporting a huge pistol in your belt, or dragging behind you a long sabre. You'll have enough to do to attend to your legitimate duties, and can leave fighting to those whose business it is. Dress for the work you have to do. Brass buttons and gold lace, feathers and ornaments, are very well in camp. On the field, the less ornamentation you have about you the better. Wear your green sash—it marks the medical officer, is his distinctive badge. If it is warm weather, you will find that your work will warrant your taking off your coat.

If you are detailed as operating surgeon, attend personally to all the minutiae connected with your office. See for yourself that your table is properly placed—that your instruments are all in good order and ready for use—that your bandages, sponges, basins, lint, water, towels, etc., etc., are all handy. See that your tourniquets are in good working order, and that you have an abundance of ligatures, and a full supply of the persulphate of iron for use as a styptic. See that each of your three assistants understands exactly what part he is expected to take.

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When you operate, remember that you are not operating for show; that you are not operating to obtain a reputation for yourself; but that your first and great duty is to your patient. He trusts himself implicitly in your hands, and his welfare, his future usefulness, is that for which you are using the skill with which nature and science has endowed you. Remember that though you are a surgeon, you are none the less a man. Don't accumulate around your table the members you have amputated, and brag of the large pile you have. Have enough common decency about you to have them buried as promptly as possible.

If you are one of the Assistants to the operating surgeon, attend strictly to the part assigned to you. Don't attempt to do the duties of the other Assistants, unless you are asked so to do. You will find enough to do if you attend strictly to your own part of the work.

If the "depot" is placed in your charge, see that everything is done "decently and in order." Methodise, divide, arrange and specify the several duties of the medical officers, stewards and attendants under your orders, and see that each clearly understands his duties and attends strictly to them, and to them alone. See that stragglers and interlopers do not crowd into the depot under pretence of helping the wounded, and remain to pick pockets and shirk the battle. If you catch any of these fellows at their rascally work, or detect any of your regular detailed assistants engaged in such practices, punish them severely and summarily. Keep all unauthorized persons out of the way, and watch that they or your assistants do not crowd upon or embarrass the operators.

The wounded should receive the prompt and skillful attention of the surgeon, and too much cannot be done to make them comfortable; but beware of impostors. At every battle there are plenty of scamps who play wounded. They will bandage their head, hand or arm with a stolen

bandage, and then, smearing the bandage with blood, they will claim the attention of a comrade (also in the plot), and eat the victuals and occupy the room prepared for the wounded, and are thereby enabled to get out of a fight. Straggling is the greatest vice a soldier can be guilty of—and I am sorry to say it has been too prevalent in the Union army. And these stragglers who play wounded are the very worst of the bad class. Watch out for these fellows. They are frequently adepts at the art. Let me give an instance or two.

At Harrison's Landing, a private in one of the companies of my regiment, just after the battle of Malvern (a battle in which he did not participate), got North in this manner: He bandaged his leg with a bloody bandage, and bribed two men with a stretcher to carry him to a hospital transport. He groaned fearfully. His wife (a washerwoman) followed him, crying and sobbing, and the medical officer passed him on board the boat. How he managed afterward I do not know, but the last I heard of him it was reported that he was acting as nurse on board a hospital transport ship.

At Fredericksburgh, a man applied to me for a pass to cross the pontoon bridge, saying that he had been struck in the back with a piece of shell, but thought he could walk across the river if he only had a pass to cross the bridge. I demanded to look at his back, and upon examination I found that he had not even a scratch or a bruise. He left probably to try the same dodge on some one else.

Watch also that your patients are not injured by an excess of zeal on the part of chaplains, or other well intending but unskilled persons, who, in their efforts to relieve the wounded, over-feed, over-stimulate, or over-narcotize the objects of their indiscreet kindness. Explain to such persons, as courteously and politely as you can, the evil their unskilled kindness is productive of. For if you do not explain, you will probably soon figure in the newspapers as a brute who refused the wounded the attentions of the benevolent, and it will form the text for a leader or two of some penny-a-liner on the inhumanity of army surgeons, and the non-efficiency of the army medical staff.

In dressing the wounded, be gentle, speak kindly, and do all you can for the poor fellows, however lowly or repulsive they may be. Don't stand on your dignity. It is out of place on the

battle-field. The place, the time, the surroundings, all call upon the medical officer to display all the manhood he is possessed of.

Keep cool! Don't let the bustle, the noise, the danger, confuse you. Cast aside if possible all thought of personal danger, but don't expose yourself unnecessarily. Beware of hasty or inconsiderate prognoses, and don't fear to tell your patient what you think about him. A soldier goes into a battle knowing that there is a strong probability of his being wounded or killed. He doesn't fear death like a sick man, or the victim of a sudden and unexpected accident. He has fought like a soldier, and will die like a true man and a soldier, if it be his lot, *game* to the last. If he has to die, if there is no help for him, tell him the whole truth. If he is to recover, with the loss of a limb, let him know just what he has to expect. If his wound is but slight, relieve him from all anxiety by telling him so.

As a rule, soldiers have implicit confidence in the opinion of their medical officers. God help the surgeon in whom the men have not confidence. And don't abuse this confidence by jumping at conclusions, or giving decided opinions in doubtful cases. If the case is doubtful, tell the patient so frankly. He will think the more of you for it than if you give your decision and he finds that the result falsifies it.

There is no one but that will sometimes be deceived, and sometimes it disconcerts a surgeon not a little. One of my officers, who had long been under treatment for chronic dysentery, was at the battle of Bristow shot through the abdomen. I thought it a clear case, and gave it as my opinion that death would be the result. What was my agreeable surprise, on visiting the wounded at Alexandria, a short time after, to find the officer alive, and apparently doing well! He did not fail to remind me of my prognosis, which I as embarrassingly acknowledged, whilst congratulating him upon its falsity. He and I were too hasty. On a succeeding visit to the hospital I found that he had died!

And last, but not least, let the surgeon upon the field, whatever his position or rank, adhere to that cardinal, leading virtue of a true soldier-life, *implicit and unquestioning obedience* to the orders of those placed in authority over him. Obey the orders given to you, however inappropriate they may seem to you, intelligently and unhesitatingly, and require that the orders you give to your subordinates are obeyed in like

manner. Obedience is the first duty of every soldier or officer, whatever may be his rank, set a good example in this respect to all around you. Never forget that true politeness and courtesy to all with whom you come in contact, are amenities of civilized life never out of place, as much called for on the battle-field, as in the hospital, the sick chamber of a private patient, or the social or domestic circle.

CONSERVATIVE SURGERY.

Read before the New York State Medical Society, Feb., 1863.

By JOHN SWINBURNE, M. D.

Of Albany, N. Y.

GENTLEMEN OF THE SOCIETY:

I here present for your consideration, 1st, the report of my stewardship (as made to Dr. Wm. A. HAMMOND, Surgeon General, U. S. A.,) while on the Peninsula.

2d. The report and suggestions as made to his Excellency Ex Gov. E. D. MORGAN, of my services as "Medical Director of N. Y. State troops," in and about Falmouth, Va.

3d. My surgical report of experience as gleaned while in service during the past season, having especial reference to CONSERVATIVE SURGERY.

* * * * *

The especial points to which I would particularly call your attention are, 1st. Exsection of joints. 2nd. Removal of the shattered fragments of shaft and sawing of the rough ends of the same. 3rd. Amputation, when and where necessary in preference to resections or excisions. 4th. The relative mortality of the two operations as performed on the upper extremities. 5th. The cause of so much distrust as to the practicability of exsections in the field. 6th and lastly. I will endeavor to show that these objections are equally applicable to amputations; partial or complete exsections or any other severe operation if not performed at the proper period.

Now authors divide operations into primary and secondary. My experience induces me to make still another division, which is, primary, secondary and tertiary; the tertiary corresponding with the secondary operations of authors. It must be remembered, that the stage which I designate as secondary, is one of congestion and inflammation where the capillaries, small arteries and veins become large reservoirs, and all the parts a mass of distended blood vessels possessed of imperfect vitality. If, in this condition, any operation is performed, reparation goes on slowly,

if at all, perhaps mortification and extensive sloughing of all the parts take place, and death follows, either from pyæmia, gangrene, exhaustion or shock to the sensitive nervous system. So fully impressed were the surgeons with whom I was associated of this result that we agreed that no operations should be performed in this stage, and it must be borne in mind, that in hot climates (and even in Virginia, on the Peninsula was this time) this stage is reached very early, say from two to four days.

I wish to call your especial attention to the condition which I have designated as the second stage, as it will play an important part in the discussion of this interesting subject, since all the misapprehension which has arisen was from a non-observance of this stage.

Now it is a well known fact, that the second stage of authors, or the third of this paper, is where all congestion and inflammation has disappeared, the vessels have returned nearly to their normal condition, where pus is being discharged freely and the parts are making a herculean effort to throw off the effete matter, and hence by either amputation or the removal of diseased bone by exsection or otherwise, we are merely adjuvants of nature by removing quickly all source of irritation. This would account for the better success attending any operation performed in this stage than if performed during the second, congestive stage.

Previous to my entering upon this campaign, I had carefully read all the authority which was accessible on the subject of exsection of joints. Prominent among these was the *Boylston Prize Essay*, written by R. M. HODGES, M. D., of Boston, Mass. This essay, so complete and comprehensive, left little doubt on my mind as to the propriety of exsection in the upper extremities under almost all circumstances in preference to amputation. In fact, amputation seemed the exception and exsection the rule, since more deaths have occurred from the former than from the latter, as evidenced by extended statistical tables contained therein. Added to this was the fact, that Dr. TRIPLER (Medical Director of the Army of the Potomac) had issued specific orders on this subject, prohibiting indiscriminate amputation. With these views of the responsibility resting upon me, I entered upon my duties with a clear conviction of not only the propriety of exsection, but its advantages for the preservation of limb and giving a better chance of life by

several per cent. than where indiscriminate amputation was performed. And since it is also a notable fact, that excisions, in military practice, have recently been looked upon with distrust by some army surgeons, I will endeavor to set forth the reasons for this loss of confidence. It is for the elucidation of this point that I have divided the subject of injuries into three instead of two stages, (or primary and secondary of authors.)

Then the reason for this loss of confidence is, 1st. The performance of the operation in this (my) second or congestive stage. This was true at Fortress Monroe, and at all the hospitals which were located at some distance from the battle-field, while few were left until the third or suppurative stage. 2d. The untimely interference of some surgeons on the sanitary boats who amputated limbs which had been excised, on or near the field of battle. This, I am informed, was the case after the battle of *Fair Oaks*, and which may account for the fact that of all (some fifteen) the excisions which I then performed at *Savage's Station*, I was unable to trace many beyond *Fortress Monroe*. 3d. Exsection of the shaft of the femur has been performed in several instances, an operation at best doubtful, particularly in military surgery; while as far as I can learn, all these cases were amputated en route for home, and of necessity in this second or congestive stage, which is an almost sure guarantee of fatal results. These amputations were performed, as was alleged, to prevent tetanus, while, if left to themselves they might have resulted favorably. With reference, however, to exsections of the superior extremities, there are no circumstances which weigh against this operation that cannot, with equal propriety, be argued against amputations. If the former operation is resorted to in the first stage, the mortality is less than from the latter; so, if either be performed in the second or congestive stage of gangrene, it is at best as great from the latter as the former. The same is true of either if performed in the third or suppurative stage.

As to the fourth objection, it is a well known fact that tetanus is a frequent concomitant of the simplest form of gunshot wounds even where the bones are uninjured. Nor is it true that exsection predisposes the system any more to an attack of tetanus than does amputation, nor does the performance of either of them exempt the wounded man from this fearful disease. In other words, amputation is as often followed by tetanus

as exsection. Out of the great number of cases of this malady which I have seen from traumatic causes, I have yet to see the first case occurring after exsection. I have made diligent inquiry and can obtain no knowledge of the origin of this unfortunate impression. In fact, I have not conversed with a surgeon who has seen a case of tetanus following primary exsection. Hence, it is, that I wish to impress the profession with the important fact that no operation should be performed in this second or congestive stage. In other words, if the surgeon is unable to perform primary operations, he should wait until the third or suppurative stage for obvious reasons.

On my return from the Peninsula, I wrote to Doctor HODGES, stating my obligations, and thanking him for his valuable paper on exsections. Also giving him a statement of how much good we were enabled to effect by taking advantage of his valuable statistics and statement of the number of joints resected. He promptly answered me, but discouraged further trials, taking his unfavorable data from the operations in hospitals in and around *Fortress Monroe*.

It must be remembered, that all of the operations performed at *Fortress Monroe*, were from injuries received at *Williamsburgh*, *West Point*, *Fair Oaks*, etc. Of course, some days elapsed before they arrived at those hospitals, and of necessity, their wounds were congested and inflamed, or in that condition described as the second or congestive stage. They were exhausted for want of food, drink, etc.,—had lain out in the wet without blankets and just as they fell during the engagement. In this condition they were transferred to crowded, pus-generating and ill-ventilated buildings, where every capital operation and almost every wound became foul. Pyæmia, gangrene, erysipelas, exhaustion followed, and death closed the scene. Stumps of amputated limbs, which were healthy when received into the hospitals, soon assumed some of the above detailed characters with the like results, and hence, it is not fair to expect that exsection alone, of all other operations, should do well. Notwithstanding all this, I am credibly informed, that some of the exsections of the shoulder-joint performed by those handy surgeons, REED B. BOUTECOU, LEROY, and McLEAN, did well, and have resulted in useful limbs.*

*Dr. HENRY, of N. Y., into whose hands came one of the cases of excision of the shoulder joint, performed by Dr. McLEAN, at Mill Creek Hospital, informs me that it resulted

Inasmuch as this letter tended to discourage conservative surgery, I shall make no apology for quoting from it, as it may serve to elucidate some points in this paper.

Boston, August 17th, 1862.

MY DEAR SIR:—I received your polite note of the fourteenth. * * * So far, at least, as excision of the knee (for disease) is concerned, you may have seen in the last (October) number of the British and Foreign Med. Chir. Review, that Mr. T. HOLMES confirms my conclusions by the Hospital Statistics of London. * * * The tract which I prepared for the Sanitary Commission was furnished reluctantly, and only after some importuning, for the very reason that I did not sympathize with the generality of Surgeons in their estimate of excisions, or feel, that in military practice, they would equal the expectations which many entertained. My impressions are just now confirmed by Dr. A. COOLIDGE, of Boston, who has been stationed in different hospitals at Fortress Monroe for six months past, seeing cases throughout their entire treatment, and who tells me (within a week) that *not a single instance* of excision of any point which fell under his observation during that period—whether primary or secondary—recovered; all either died, or required amputation, which, at that time, was sure to be followed by a fatal result. Even those performed by Dr. Post, of N. Y., the cases being selected with great care and operated on with skill, did not succeed. Dr. C. G. PAGE, of this city, who for several months has been in charge of the Judiciary Square Hospital, in Washington, tells me that during his connection with it, not a single case of excision recovered,† whether performed there, or immediately after the injury. But a single case which came under my own care, before Yorktown, raised the question of excision. This was that of a man wounded in the elbow. I preferred to leave the result to nature. The case did well for ten days, as long as I saw it. I learned, subsequently, that excision was performed at Yorktown, after the evacuation, that amputation finally became necessary, and then the patient died of pyæmia.‡

I have written you quite at length, because I venture to differ from you in the estimate of these operations, and in spite of anything I may have heretofore said, I believe you will yet be of my opinion, at least so far as army practice is concerned. This opinion is, that in the lower extremity the excision of joints is to be condemned *in toto*; and that in the upper extremity, whilst a certain number of cases recover, very few do so without having run the patient into great risk of his life. Secondary operations being the most successful, and that the majority of all excisions do not recover at all.

Accept my thanks for the pamphlets, and believe me very truly yours,

JOHN SWINBURNE, M. D.

R. M. HODGES.

Now, in this paper Dr. HODGES quotes from London hospital experience, which does not

in a good and useful limb. All, or nearly all the Surgeons present, except McLEHAN and myself, were opposed to excision, and in favor of amputation at the shoulder joint.

The Doctor (HODGES) thinks that if this case had fallen into other hands it would have been amputated, and thus, I suspect it is, with other cases which are reported as resulting badly, but which result is really attributable to meddling interference, or ignorance on the part of the Surgeon.

† Dr. PAGE, above referred to, has since reported a case of excision of the acapular end of the humerus, with good results.

‡ This case affords additional proof of the homicidal policy of operating in the second, or congestive stage.

seem like military practice, since hospitals are over-crowded, and hence, unhealthy; Dr. COOLIDGE's experience at Fortress Monroe, which of course is subject to the objections before detailed; the same of Dr. PAGE's cases; and I will presume to say *the same with those performed by Dr. Post*.

The case quoted of the elbow, mentioned as occurring before Yorktown, is directly to the point, and serves to impress us with the folly of exsecting or amputating a limb in the second or congestive stage. So fully convinced was I of this homicidal folly, that I refrained from performing operations during this stage, and ordered others to do the same.

Now, in opposition to the above statement, I will give my own personal experience as to this operation and its results, and then quote largely from authors as to the views they have entertained concerning this operation, and particularly when practised upon the upper extremities. I conceive that my experience was had under very unfavorable circumstances, as will be seen by reference to my report to the Surgeon-General U. S. A., when it is well known we had none of the comforts, to say nothing of the luxuries of life—no medical stores or dressings.

Some upon whom these operations were performed moved with the army to the James river, and of necessity were subject to all kinds of hardship, including insufficient food, water, etc., for several days. Many of them walked and rode alternately in army wagons or ambulances, with their arms simply supported in a sling, and still many of them recovered. One of them, Lieutenant FELIX AGNES, of Duryea's Zouaves, has, since his recovery, raised a company, Co. I, for the 165th N. Y. S. Vols., (Duryea's 2d Regt.,) of which he is now in command. For the history of the result of this case I am indebted to JULIUS A. SKILTON, Surgeon N. Y. S. Vols., who, by accident, saw the Captain in New York city in charge of his company. He (Agnes) recognized the Doctor as one of the active Surgeons present at the operation, and who afterward dressed the shoulder at White Oak Swamps, (also, several others, at least six in all,) en route for the James River. This case made quite an impression upon the Doctor, since the poor fellow begged us not to amputate his shoulder, as he could never follow his profession as an artist nor again take command of his company, as this was his "sword arm."

Doctor S. now says: "I am sure it would have

done you good to see the satisfaction with which he expresses his gratitude for the preservation of his limb, and the manner in which he handles his sword with it now." This case shows the triumphant success of the operation under the greatest difficulties.

Still another of these cases has fallen into the hands of Dr. LEWIS A. SAYRE, (Professor in Bellevue College Hospital,) who informs me that it will result in a useful arm. To this case I wish especially to call your attention, since in this instance I removed the entire shaft of the humerus, leaving the two articulating ends of the bone. Besides, he suffered a loss of about two inches of the musculo spiral nerve, which was torn away by the ball and subsequent trimmings of the torn ends.

I hope to be able to ascertain the fate of the residue, of whom I lost sight in the same manner. Eight or nine remained at Savage's Station. One or two of these were amputated on the fifth or sixth day while I was at Malvern Hill, attending the wounded there.

Now, if this is a sample of the necessity which is claimed for amputation after exsection, God grant that no more poor fellows shall ever be subject to the same necessity, since it can be characterized as nothing but mal-practice of the grossest kind, since both died of pyæmia.

Three weeks after operation five of the remainder were so well as to be able to walk to the depot and be conveyed to Richmond on platform cars, sitting up with their arms in a sling. Of the remaining two I will speak presently. One of the five returned from Richmond on the third day, almost famished and completely exhausted from privations of various kinds. I shall never forget his wan and famished-looking face, in which deep suffering could be plainly discerned as he again entered his old home.

Here was a young man of sedentary habits suddenly injured so as to require a severe operation—the removal of the head and three inches of the shaft of the humerus—and still at the expiration of four weeks he has so far recovered the use of the arm as to be serviceable, and to give you a tolerable shake of the hand. At this time his wounds were nearly healed. Such is the history of Lieutenant WYNCOOP, of Rochester, N. Y.*

I have to call your attention to one more of my Savage Station cases of excision, which

* The following letter was received from the Lieutenant; it

appears in the PHILADELPHIA MEDICAL AND SURGICAL REPORTER, Vol. IX., p. 112, and pronounced a success, resulting in a perfect limb. Here then I have ascertained that of the twenty-two excisions of the shoulder and elbow, performed by me at Savage's Station on the 26th, 27th and 28th of June, six have resulted in good limbs, two were amputated without cause, and which, if left to themselves, would have resulted well; some were taken to Richmond after three weeks, all of which promised to be entirely successful, though with the treatment meted out to our wounded in that place the probabilities are, that they shared the fate of the majority of the amputations which were removed to those pest holes called "Tobacco Ware-houses."

Some object to this operation because "it requires so much time." Now, I contend that if we are good dissectors, it requires very little more time to excise a joint than to amputate. As instances of the rapidity with which these operations can be performed, *I exsected four shoulder joints and ligatured the bleeding vessels in one hour.* I trust that this is as rapidly as any one can amputate at the shoulder joint.*

written by the hand of the injured arm, and its execution is almost as good as steel plate engraving.

ROCHESTER, Jany. 25th, 1863.

DR. JOHN SWINBURNE, Albany, N. Y.

DEAR SIR:—I received your favor of the 18th inst., yesterday. You wish a full description of my arm, &c. I will give you such a description as I can, but doubt whether you will call it a good one. First, Doctor, I must thank you again for saving my arm, and no money could make me feel as happy as this disabled arm does; thanks to your skill and kindness. The arm you operated upon was my right arm, and this letter is written with the same. After you left me, at Fortress Monroe, my arm improved rapidly, and in four weeks was not only entirely healed up, but I was able to walk without in any way supporting my arm. On October first, four months after I was shot, I received my discharge, and went home, and now I have been engaged as clerk and book-keeper in a banking house, in this city, for the last two months. The wound has never opened after it once healed up, and I have very little pain in my shoulder. I can use my hand as well as ever, and have as much strength in it, but above the elbow I have no power at all. I can, when my arm hangs down straight, move it away from the side about two inches. * * * I suppose, Doctor, that you have left the service of the United States. Hoping you are well and entirely recovered from the effects of your visit to Richmond, I remain respectfully, your obedient servant,

HENRY J. WYNCOOP,
Rochester, N. Y.

Box 1,325.

* Then again, in case the shaft alone is comminuted, it would certainly require less time for a skillful surgeon to remove the spicule and remove the rough ends than amputation, in which case less would die from the former than the latter; and then, too, recovery takes place with a useful limb.

It must be borne in mind that the only medical or surgical treatment these patients received after the operation, was a cloth wet with cold water, applied over the wound, and changed often—the arm simply resting in a sling—this plan was adopted as a dernier resort, since we had neither the dressings nor the time to apply them. This constant cold water dressing was the universal application, and curious as it may seem, it was the only effectual preventive of maggots, as it kept off the flies and even destroyed the vermin after they had been deposited.

Any one familiar with the anatomy of the thigh can fully understand the philosophy of its condition. The fascia lata is a strong aponeurotic sheath for the limb, which changes its relative position with every movement of its muscles, so that if a ball passes through the limb when the muscles are tense, and the relative position of the opening is changed, thus forming a valve when relaxation takes place, and hence all the blood is retained until the soft tissues, including periosteum, is more or less injured; the blood is subsequently decomposed and converted into a putrid mass, and which becomes rapidly absorbed and destroys life, unless discharged by free incisions.

Every surgeon is familiar with the fact, that when any collection of fluid takes place within the fascia lata, it goes on until the whole thigh is filled to its full extent of distension, amounting perhaps to several quarts. Now, in opening this the incision must be made crucial, since if an opening is made lengthwise of the fibres of this fascia, even to a considerable extent, the tensor vaginae femoris is spasmodically contracted and the orifice is closed: on the contrary, a crucial incision is enlarged by the contraction of this muscle. This is precisely what takes place in compound fractures of the thigh-bone, and hence it may require the same free incision to relieve the tension. Now, you often hear the query, "Why do compound gunshot fractures of the trochanters, neck and head of the thigh-bone, so often result successfully, when fracture of the shaft almost universally does badly?" The answer is, that the bony tissue is less dense, and hence it does not splinter so badly, and the injured bone is outside of this fascia, or at least, its aponeurotic portion, so that the whole thigh does not as readily fill with blood as it does in injuries of the shaft, and hence its periosteum and other

soft tissue is not so extensively destroyed by the constriction caused by the infiltration of blood in the sheath of the tensor vaginae femoris.

[To be continued.]

HEART CLOTS IN TYPHOID FEVER.

Inhalation of Oxygen in the Treatment of Disease.

BY GEORGE G. SHUMARD, M. D., U. S. A.

[The following letter on the above subject was recently addressed to Professor GROSS, of this city, by a former pupil of the University of Louisville, Dr. GEO. G. SHUMARD, Medical Director of the Danville District, Kentucky. It will, we doubt not, be read with much interest.—EDITORS MED. & SURG. REP.]

DEAR DOCTOR:—Along with this I send you the reports of two cases of sudden death from heart coagula, resulting from typhoid fever. These, and other cases of a similar character, have interested me very much, and knowing your great fondness for pathological science, I do not doubt but they will prove of equal interest to you.

I do not suppose such cases are new to the profession. On the contrary, they must have frequently been observed in an affection so common as typhoid fever; but a large number of them recorded can do no harm, while they may better enable you and other pathologists to arrive at correct conclusions respecting the true character of one of the most fatal, as well as one of the least understood diseases of our country.

While acting as Medical Director of Huntsville, Alabama, last summer, a number of sudden deaths, occurring in persons considered convalescent from typhoid fever, were from time to time reported to me. All these cases had passed through their disease, and were at the time considered out of danger by their attending physicians, and some of them were even under orders to rejoin their regiments. None of them that I could learn presented any premonitory symptoms whatever of their approaching death. They usually fell while taking exercise, and would die in from one to five minutes after falling. Owing to prejudice on the part of the army against post-mortem examinations, none were at that time made. The deaths were attributed to softening of the heart—and so the matter, for the time-being, rested.

Shortly after I was appointed Medical Director of the Danville District, my present sta-

tion, several cases of the same character were reported to me, and they continued to recur one or more of them every week. Most of these cases have been examined, and the reports of the two I send you are about fair samples of all the rest recorded in my note book.

I am making up a box of heart specimens, with the coagula in them, for the Surgeon General U. S. A., who will, I presume, place them in the government collection. You may therefore have an opportunity of seeing them should you at any time visit Washington.

All the coagula thus far examined by myself present about the same appearance. They are unusually tough, elastic, of a straw tint, and unmixed with coloring matter of the blood. Most of them appear to be semi-organized, though I have not thus far been able to detect vessels in them with the naked eye; but with a good glass I believe such vessels may be detected. They all appear to be composed of distinct layers, and in several of the cases I have examined, they were found attached by one or more points to the lining membrane of the heart. They have also been traced in several of the larger arteries.

From my own observations I am of the opinion that the formation of these coagula in the heart and arteries is of common occurrence in typhoid fever, and that in many cases they exist long before death takes place. What is known as the "*double elastic pulse*" in that disease, and which I believe is usually regarded as an unfavorable symptom, I have but little doubt is owing to this condition of the circulating system. At any rate all the cases of heart coagula that have fallen under my notice were characterized by that condition of pulse long before death; and I may remark, that the idea that that kind of pulse had always created in my mind, long before I had opportunities of making post-mortem examinations, was that of a mechanically obstructed circulation.

The important questions arise, Have we any means of preventing the occurrence of these coagula during life, and of causing their absorption after they have once been formed?

The first, I think, can be answered affirmatively, namely, by restoring to the blood a very necessary element it has partly lost, *oxygen*. And this brings me to another subject, which I also trust will prove of interest to you, and respecting which I would be pleased to have your opinion, if you will favor me with it,

Along with this I send you a copy of a Report I made to the Surgeon General U. S. A. on the 29th of November last. Since the date of the report no less than forty-one cases of severe disease have been treated with oxygen-gas in the Hospitals under my charge, and in every one of the cases the remedy has operated favorably. Out of seventeen or eighteen medical officers who have witnessed the effects of the gas in the Hospitals of Danville, there is not a single one who is not very favorably impressed with the remedy. I have found it to prove most beneficial in diseases of an asthenic character, and more especially in typhoid fever, typhoid pneumonia, diphtheria, congestive measles, and erysipelas. In all these diseases, except probably the last, the remedy should be administered as early as practicable.

The gas was administered to the greater number of the patients in the form of *nitrous oxide*. In twelve of the cases pure oxygen was given. In no instance in which it has been administered has it appeared to act as an irritant.

At the time my report was written I was not aware that oxygen-gas had been used as a remedy in the class of diseases I have mentioned. Since then, however, I have been told that it has been used in cholera, and a few other maladies. But let that be as it may, I will merely say that should it prove as successful in the hands of others as it has in those of the medical officers at this point, oxygen-gas will hereafter be extensively used in the treatment of disease.

But to return to my former subject. I believe we have in oxygen-gas a remedy that will prevent the formation of coagula in typhoid fever, if administered sufficiently early in the disease. Since I first became connected with the Army I have had opportunities of observing several thousand cases of typhoid fever, and the conviction has slowly forced itself upon my mind that the essential element in that disease is located in the blood. In support of this, I could, had I time, bring many interesting facts that have fallen under my observation. When soldiers are crowded together in close tents, and forced to breathe an impure air, the blood must suffer, and in proportion to the amount of impurities it receives will it act unfavorably upon the different organs of the body. But as you have given this subject far more attention than I have, I will not here pursue it any further.

A CASE OF CATALEPSY.

BY CHARLES A. VOORHIES, M. D.

Of Easton, Pennsylvania.

As the following is a very singular case of nervous disease, I purpose to report it in the MEDICAL and SURGICAL REPORTER, as it will doubtless be of interest to its readers.

I was recently summoned, one morning, to visit a young man, a pupil at a public boarding school, aged about eighteen years, who was said to be in a "trance," as they termed it.

On reaching his chamber, I found him lying upon his couch, with every-day wearing apparel on, apparently as if he had laid himself down to rest. He appeared insensible to all surrounding objects, with a total suspension of all voluntary motion. I examined his pulse, found it normal, with a slight irregularity. I immediately examined into the circumstances connected with his case, and found them as follows: He did not arise in the morning as usual, and consequently the family called and knocked at the door, but to no effect. Their suspicions became immediately aroused, and they proceeded with a ladder outside to force an entrance through the window, which they did, and found him in this condition of suspended animation. The night previous, he retired to his room as usual, apparently in good health, and was heard to read before retiring, as he was accustomed to do.

In this condition he laid for about forty-eight hours, with slight variations. My first supposition on seeing him, was, that he had been seized with an epileptic convulsion in the night, from which he had not reacted, and that his present condition was a continuation of the same; but, as the disease detailed itself, I diagnosed it to be very different from an ordinary case of epilepsy. When I first saw him he had a fair respiration, notwithstanding there seemed to be considerable rigidity of the muscles, which afterward became more relaxed, and his limbs became moveable with a slight resistance. He apparently had made no struggle through the night, as if seized with an ordinary convulsion, as there was no indication of it upon himself, his clothing, neither the bed clothing. The latter, in particular, remained in as perfect order as if nothing had happened.

I ordered sinapiens placed upon him in different places, and spt. vis. gal. given if he could swallow, and cold applications to his head, as there seemed to be considerable heat about it.

I called again in about four hours, and found but little, if any change, except in the muscles of deglutition, which allowed me, by persistence, to get an ordinary cathartic down. The sinapism had produced no impression upon him, neither would the strongest ammonia have any effect when placed under his nostrils. His eyes would occasionally open, partially, and with little or no dilatation of the pupil. Occasionally he would have a slight voluntary movement of the head and upper extremities, but apparently easy, without uttering a groan.

I called again in the evening, found his pulse somewhat diminished, less heat about the head, the muscular system assuming a *cataleptic* form; so much so, that I became convinced of the existence of this disease in his case. The cathartic had not acted; I ordered an enema, with a stimulating application rubbed along the spine, in connection with the treatment through the day previous.

I called again the following morning, found the cathartic had not operated, his pulse feeble, at about fifty-eight or sixty, and the muscular system still *cataleptic*. By placing his upper extremities in an upright position, they would scarcely yield to the laws of gravity, and as they would fall, so they would remain till moved into another position. As his system had become so convulsed by disease, I did not think it prudent to persist further with cathartic medicine; but, as he was growing feeble, showing signs of great depression, I determined to rely upon stimulants and counter-irritants. His respiration, at this time, was slow, but not labored, and in appearance he looked to be easy and comfortable. By holding his nostrils closed, I could compel him to breathe through his mouth, and consequently I succeeded in getting him to swallow a quantity of brandy by forcing it down. This appeared to have a good effect upon him, as he opened his mouth and eyes voluntarily, and slightly moved his upper extremities, but soon sank back into the same condition in which I had left him.

Called again about ten o'clock, A. M.; found him cataleptic, and had been since I last saw him, with slight intervals of apparent reaction. By this time his parents had arrived from the country, but he made no recognition of them, whatever, and the loudest calls in his ear would have no effect. I showed his parents the nature of his disease, and encouraged them to believe

that he would recover. Before I left, I gave him largely of brandy, which I forced down by a tedious process. I then waited to see its effects; as the case was a very interesting one, I was not disposed to make hurried visits. I again saw the good effects of brandy. He presented an appearance of reaction again, more than at any previous time; such as a movement of his limbs, and especially his mouth and lips. I took the advantage of this interval, and again gave brandy. He smacked his lips and opened his eyes, as if to recognize all in the room, and presented a very favorable appearance for about five minutes, and then quietly sank back into his former state. I ordered brandy to be given occasionally, in connection with the application of rubefacients to the extremities.

I called again in the evening, and found that my patient had had frequent symptoms of apparent reaction, such as looking around the room, apparently, for the purpose of recognizing those present, and occasionally, on being asked a question, he would indicate his understanding by a slight motion of the head. He had swallowed occasionally, and at intervals had taken a little soup as nourishment. His countenance was still pale, and pulse feeble. I left orders, and retired for the night.

The next morning I found my patient better in every particular. His lower extremities were still somewhat cataleptic, but he had movement of his upper extremities and head. His eyes were, at times, wide open, and he looked around the room as naturally as in perfect health. Pulse with some more force; respiration better, and apparently without a pain. When all was quiet around him, he would appear to go off into a gentle slumber, but on being aroused, would take a little nourishment and stimulant, which I continued to give him. He was speechless, but seemed to be sensible to surrounding objects, as he would indicate by a motion of his head, who his friends were.

I called again about eleven o'clock, A. M., found my patient sitting up in bed, with pillows behind him, the very picture of himself in perfect health, except a little pale. He could not speak, but seemed to have a proper conception as to his personal appearance in company, as he would fold his arms upon his breast and appear as amiable as he knew how. He had taken some food and drank a cup of coffee. I ordered but little, as he was progressing favorably.

To see the full extent of my case, I called again in the evening; found my patient fully reacted, but quite weak. He was sitting up in a chair, greeted me with the time of day, and said he felt easy and comfortable. I had made up my mind during his attack, that I would interrogate him as to the consciousness of his condition when he fully reacted, which I did. He denied having any sensation, whatever, as to how long he remained in the trance, or of anything that had occurred during the period. But I have learned since, from good authority, that he had said that he was perfectly sensible to all surrounding objects, but utterly unable to speak or to move a muscle. To use his own language concerning his consciousness, he said, "I knew everything that was going on, but was ashamed to let the doctor know the foolish condition I was in."

I have not been able to arrive at any proper conclusion, as to the cause of the attack, more than that he had, the previous day, indulged rather freely in eating at a saloon, but nothing more than what he had done at times before. I learned that he had been attacked at one time by what his physician called "sun stroke," from which he remained insensible for a period of time. I also ascertained from his teacher that he had not a very comprehensive mental capacity, which would seem to indicate a weakness of his cerebral functions.

I have regarded this case as strictly *cataleptic*, but probably not as genuine as some cases which have occurred. The rarity of this disease in the male, made me reluctant in making this diagnosis. But certainly, if we are to recognize a disease as *catalepsy* among the catalogue of diseases which flesh is heir to, the above one is as well marked a case as can ordinarily be found.

NITROUS OXIDE IN ASPHYXIA.

By GEO. J. ZIEGLER, M. D.

Accoucheur to the Philadelphia Hospital.

January 14th, 1863. On my visit to the hospital I found a parturient woman, somewhat exhausted from prolonged and inadequate efforts to give birth to a child. The pains were frequent but feeble, and of a diffused, continuous, inefficient and exhaustive character. After a change in the position of the fetal head, which was locked on the maternal pubis, and a moderate use of brandy, morphia, and ergot, without success in procuring a natural termination of the labor,

I removed the child very readily with the short forceps. It manifested no signs of life and was apparently quite dead, the face and head being greatly cyanosed and congested with dark venous blood; the cutaneous surface cool, clammy and livid; the body and limbs perfectly flaccid; while respiration and innervation were entirely absent, there being no effort to either breathe or make the slightest movement of any kind. The pulse was not noted in the emergency, though it is doubtful whether there was much if any cardiac action or general circulation, notwithstanding the cord pulsated for a few minutes, with too little energy, however, if blood was transmitted, to be of much benefit, as it ceased entirely sometime before any signs of returning animation were manifest, and was severed soon after, in order to facilitate manipulation. The asphyxiation was, in fact, so profound, and the general condition of the child of such a character as to present every appearance of death. Acting however, upon the supposition that molecular life might still be sufficiently active to admit of resuscitation, I immediately resorted to artificial respiration, the application of ammonia to the nostrils, affusion of cold and warm water to the cutaneous surface, mechanical stimulus to the nates and other parts of the body, etc.; but with very limited effect, for after continuous effort for about fifteen minutes, I had only succeeded in exciting an occasional and very feeble gasp, but very little, if any, perceptible change in the color or circulation of the blood, congestion of the head, or general condition of the body. Learning on inquiry, that a small quantity of nitrous oxide water was at hand I directed some to be injected into the bowels of the asphyxiated child, which was done, and with apparent advantage, for soon thereafter a marked change was manifest in the improved color and distribution of the blood, by the disappearance of the cyanosed aspect and hyperæmia of the face and head, livid hue of the skin, and the establishment of healthy hæmotosis, respiration, circulation and innervation, with active contractility of the tissues and normal tonicity of the body generally, for the child speedily became and has since remained quite lively and healthy.

In another more recent case of partial asphyxiation of a neonatus, delivered also by the forceps in the same institution, the nitrous oxide water was in like manner introduced through the bowels with apparent benefit in promoting arterialization, circulation, innervation and general

cell-action, contractility and tonicity, as the child soon after its use became quite florid and lively.

To facilitate the artificial delivery of this child the mother was placed under the influence of chloroform, from the depressing effects of which she reacted so slowly, notwithstanding the use of ammonia, affusion, etc., that it appeared necessary to employ some more efficient stimulus, I therefore, directed enemata of nitrous oxide water, but before the introduction of this liquid into the bowels, she rallied sufficiently to swallow a small quantity of it, and continued its use at short intervals until she had taken about six fluid ounces with seeming benefit, as she speedily recovered from the asphyxiated condition.

In several cases of infantile inanition, with marked cyanosed hue of mucous tissue and skin, nitrous oxide water was exhibited by the mouth with seeming advantage in arterializing the blood and prolonging the patients' lives.

With regard to the dose of the nitrous oxide, the general rule for its employment is to use as much as is required to produce the desired effect, though in the form of the surcharged water introduced into the bowels, and of infants especially, it may sometimes be necessary, in order to secure the requisite quantity, to retain the injected fluid by pressure upon the anus.

These cases afford additional evidence of the value of nitrous oxide in asphyxia and toxicohæmia; and sustain the facts and theories long since presented by myself, respecting the peculiar relations of this remarkable agent to the animal economy, in supplying essential chemical elements thereto, promoting organic metamorphosis, and in exerting a dynamic influence over the general processes of life.

Philadelphia, February 3d, 1863.

The Episcopal Hospital, Philadelphia.—The Eleventh Annual Report of the Managers of this Hospital has been published. During the early part of the summer, a portion of the building was set apart for the accommodation of sick and wounded soldiers, and since the 30th of July, the number of soldiers admitted is 580, of whom 230 remain. In the Civil Department of the Hospital, there have been treated during the year, 336 persons, and 4,973 have received dispensary aid. A handsome bequest, probably \$40,000, was recently left to the Hospital under the will of the late Miss ELIZABETH E. GRASEY. It is for the benefit of "needy females of good moral character, laboring under diseases of the heart and lungs."

ILLUSTRATIONS OF HOSPITAL PRACTICE.

PHILADELPHIA HOSPITAL,
January 24, 1863. }

CLINICAL SERVICE OF DR. DA COSTA.

Reported by H. C. Wood, M. D., Resident Physician.

TYPHUS FEVER.

A patient being before the class, it was remarked, that this man had been present on two previous occasions. That then he had all the characteristic symptoms of typhus fever. At the first time he was shown, he was very, very ill. The last time he was so far improved that a favorable prognosis was hazarded. Now he is decidedly convalescent. His treatment has consisted in the liberal use of stimulants and mineral acids. Since Saturday, the 17th, when he was last before the class, retention of urine has been very troublesome, making necessary the use of the catheter twice daily. This condition, the result of atony of the bladder is often a cause of much suffering and even death in cases of low fevers. A patient will be doing very well, when he will rapidly sink, his breathing become very hurried, and intense cerebral symptoms supervene. If the attention of the physician is attracted to the bladder and the urine drawn off, all these will be immediately relieved. The counterpart of this happened in this house several years ago, and the man, previously in imminent danger, came up rapidly after catheterization. The danger from retention is greater in typhus than typhoid fever. At one time during his illness, this patient averred that he was not at all sick. From this an unfavorable prognosis was drawn, which happily the result has not verified. Persistent declaration of existing health, especially when accompanied with sinking down into the middle of the bed, is of very bad augury in fevers. Nothing remains now to do in the way of treatment, but to build up the patient, and attend to his bladder. The mineral acid will be discontinued, and six grains of quinine daily be given him. The retention of urine will probably cease in a day or two, as it is not in these cases often of much duration.

PATHOLOGICAL SPECIMEN.

Tubercle. The class were next shown a larynx pressing upon, and opening into which were very large tuberculized lymphatics. The man died partially of exhaustion, and partially from suffocation. The glands were immensely enlarged, and the softening tubercle had ulcerated into the larynx, and been discharged through it. A very large part of the mucous membrane of the larynx had been destroyed by a huge ulcer, but the great and fatal dyspnea was principally mechanical in its origin. The question might arise, ought not tracheotomy to have been performed? It certainly would have been proper, if the man had not had far advanced phthisis. For this reason, alone, was it not done.

HYSTERIA.

There was, before the previous clinic, a case, very interesting from the fact, that on the one hand there were present almost all the symptoms supposed to characterize gastric ulcer, and on the other hand all the peculiar, vague nervous troubles of marked hysteria. So that there were two aspects to the case—nervous symptoms and the signs of stomach lesion. To follow this up, a patient was presented, suffering under simply nervous disorder, and another with a disease of the stomach:

1st Case. Cath. McH., æt. 27. A native of Ireland. Entered the medical ward, in July, 1862. She complained of amenorrhœa, which she stated she had had for eight years. It commenced after a cold bath taken whilst menstruating. Much of the time since, she has had epileptiform convulsions recurring every four or five weeks. She has not had any since the middle of December. She has had various treatment, and is now on Dewees's mixture. It was remarked, the point of interest in this case is the recurring convulsions. She falls suddenly, perfectly unconscious. She is thrown into violent spasms, and foams at the mouth, but does not bite her tongue. She has, then, almost all the symptoms of epilepsy. These cases of mixed hysteria and epilepsy connected with defective menstruation, and yielding when that function is restored, are quite frequent. In diagnosing between epileptic and hysterical convulsions, the following points must be remembered:

In the former, the loss of consciousness is perfect; in the latter, it is not. The patient can be aroused by violently shaking her, or by any thing that makes a very decided impression upon her. In epilepsy there is foaming at the mouth, and biting of the tongue. In hysteria neither. Further the character of the spasms differ. In hysteria they are accompanied with great jerking of the muscles, with fits of crying and sighing, or perchance with immoderate bursts of laughter. In epilepsy there are no signs of emotional disturbance, so to speak, no involuntary emotional actions. In some cases, however, the two forms may be intermingled. By far the most curable variety of epilepsy is that with which this patient is afflicted. If the menses are restored, her convulsions will probably not recur. She will be continued on the Dewees mixture, and shall have in addition a galvanic current passed through her abdomen. The proper way to apply this agent is to introduce one pole of the battery into the vagina, and place the other over the fundus uteri, so as to pass the current directly through the viscus. But this causes so much pain, and is so disagreeable to patients that it is mostly directed through the pelvis.

ULCER OF THE STOMACH.

The next patient was M. R., æt. 45. He first entered the medical wards about the 10th of October, to be treated for persistent vomiting and

dyspeptic symptoms. These yielded readily to treatment so that in about three weeks he went out completely relieved. He came back, December 5th, emaciated pale and very anemic. His stomach symptoms had all returned. No connection can be traced between the time of his eating and his vomiting, save that the latter does not often occur *immediately* after meals. He has never had hæmatemesis. Examination before the class showed that the tongue of the patient was too red, and deficient in epithelium, excepting in spots, where there was a localized whitish deposit, so to speak. It was remarked that this state of the tongue is very apt to occur in conjunction with inflammation or other structural lesion of some portion of the alimentary canal. Examination of the abdomen showed that it was distended especially above, that there was tenderness in the epigastrium. The superficial veins were abnormally prominent. The liver and spleen were both slightly enlarged. The intestinal sound under percussion was normal. It was then stated that the diagnosis must be made to a great extent by exclusion. That the absence of ascites, or jaundice, shows that the very slight enlargement of the spleen and liver could not allow those organs to be suspected. That apparently no intestinal lesion exists. The stomach itself must then be investigated. Percussion over it reveals marked dullness, extending as low as the umbilicus, accompanied with tenderness and increased resistance to the finger used as a pleximeter.

There is evidently a tumor occupying the epigastrium. What is its nature? It may be one of several things. First. An enlarged left hepatic lobe. Secondly. Enlargement of the mesenteric glands, or schirrhosis of the pancreas. Thirdly. Disease of the stomach. So, then there is the choice between these three possibilities. The emesis might be explained under the first two suppositions, as being caused by pressure. The clear conjunctiva, absence of ascites and pale emaciated face disprove the first. If the second were true, dropsy would probably be present. The diagnosis is now narrowed down to one of the last two. The matter vomited is very sour, and he has never had hæmatemesis. Retching is attended with a great deal of pain, but he is seldom, if ever, free from suffering.

The ingestion of food causes very sharp pain immediately, which emesis relieves. This points to disease of the coats of the stomach, and the truth of this is corroborated by the great acidity of the rejecta, showing that it is not simply food, but that there has been some abnormal secretion in the stomach, the short length of time of its retention making simple fermentation not plausible. So, then there is here a stomach lesion. But what particular transformation have the coats undergone. Now the diagnosis lies between ulcer, cancer, and chronic gastritis. It is not the last for that could not produce so much enlargement and thickening of the coats. To decide between the first two is sometimes difficult. But everything here points to cancer.

In gastric ulcer there is not so much thickening, and hæmatemesis is a necessary accompaniment. The age and sex of our patient are also against the non-malignant affection. The character of the rejected material is of clinical importance. Whenever a case is met with, in which an epigastric tumor exists conjointly, with vomiting and great acidity of rejecta, and the patient is pale and emaciated, there is almost certainly cancer. Fetid breath is often a very important and strongly pronounced symptom of malignant disease of this viscus. It is here absent.

DISEASE OF LIVER.

The next case brought before the class, was H. M., negro. This man entered the medical wards only two days before. At the examination before the class, it was remarked, the most prominent symptoms in the case are first dyspnoea; secondly, abnormal fullness and pulsation of the arteries of the neck; thirdly, ascites. Physical examination shows that percussion over the lungs elicits a sharp, clear sound, both anteriorly and posteriorly, and that there is no abnormal murmurs in these. The impulse of the heart is very great and extended, and percussion shows abnormal extent of dullness.

There is a systolic blowing sound, most distinct toward the middle of the sternum, and along the aorta. There must, therefore, here be hypertrophy of the heart with contraction of the aortic orifice. The character of the pulse corroborates this. It is throbbing and hammering. There is in this case, also, probably some mitral disease. Do these cardiac lesions account for the dropsy? No! for they cause anasarca, universal accumulation of water, generally most marked in the lower extremities. Here there is pure ascites. So, some other cause must exist. Are the kidneys diseased? The absence of albumen in the urine answers that question. The liver must be at fault, and the icterode conjunctiva confirms this. [The hour having expired, the case was left over to next clinic.]

Sick and Wounded Pennsylvanians—Head-Quarters, Pennsylvania Military Hospital Department, Harrisburg, Feb. 11, 1863.—The following announcement had just been made:—

I have the honor to announce to the friends of Pennsylvania Volunteers, that by the gratuitous labors of the Hospital Committee appointed for Philadelphia, a complete record, embracing about ten thousand names, has been made of all the sick and wounded of the State, received in the United States General Hospitals of Philadelphia, Germantown and Chester, from the beginning of the war. Information may be had concerning any soldier, by addressing JOSEPH PARKER, Esq., Chief of the Hospital Commission, Philadelphia.

By order of the Governor,

(Signed,) JAMES KING,

Surgeon-General, Pa.

EDITORIAL DEPARTMENT.

PERISCOPE.

OSTEOMYELITIS SPONTANEA DIFFUSA.

By DR. TH. DEMME,

Lecturer on Surgery and Pathological Anatomy of the University of Bern.

Translated for the MEDICAL AND SURGICAL REPORTER

By PROF. LOUIS BAUER, M. D.,

Of Brooklyn, N. Y.

(Continued from page 341.)

FOURTH CASE.

JOH. BURI, 19 years of age, farm laborer, admitted March 21st, 1856. Although repeatedly afflicted with acute rheumatism, yet his present affection had commenced six weeks previously without any ascertainable cause. His right thigh having then become very painful so as to consign him to his bed, a diffuse abscess had gradually formed extending toward the larger trochanter and tuber ischii. In the beginning the pain seemed to be distinctly located at a place three or four inches below the hip-joint; at a later period that joint became also involved. Three weeks ago the attending physician had made an extensive incision from the trochanter downward, whereupon large quantities of matter were discharged. Somewhat relieved at first, the pains soon returned with the same intensity. It is stated that a typhoid fever had accompanied the local distress, which, however, had subsided in the fourth week of the sickness. The latter had, however, steadily advanced, and in no point yielded to remedies. A few days before his admittance, the patient had exhibited a new febrile attack, complicated with profuse sweats and diarrhoea.

Present Status.—The right femur rotated inwardly. In the circumference of the hip-joints, swelling and tenderness. At the inguinal region a large abscess; a second one along the adductor muscles. From the opening behind the trochanter, copious discharge from whence the probe enters the articulation. The bone seems to be covered by thickened periosteum and nowhere bare.

To obviate hæmorrhage, the two abscesses are opened by zinc-paste. Extremity placed in a flexed splint. Next day the opening is made through the scabs. Copious discharge. Cavities cleansed with Aq. chlorinæ, and painted with solution of Iodide of potassium. Fever moderate, and vital powers tolerably good. Applied *Acidum pyrolignosum*, which diminished the discharge and seemed to fasten the soft parts to the bone. Two more collections of pus formed and had to be opened. About the third week the condition of the patient promised well, fever abated; appetite increasing; rest good; suppuration moderate; form of joint normal; soft parts attaching; superior epiphysis much enlarged. Treatment continued.

After repeated vacillations in the symptoms during the following three weeks, fever again sets in; extensive œdema; suppuration augmented; integuments discolored on different places.

The cause of this change was ascribed to the irritating influence of some flat sequestra. The removal of the same, however, gave no permanent relief. At the end of the sixth week, the hip-joint became loose, diarrhoea supervened, consuming the last vestige of vitality, and thus the patient sank at the end of the seventh week after his admission, or the 13th week from the commencement of his affliction.

Autopsy.—The soft parts mostly attached to the bone; periosteum of the femur, and especially around the epiphysis, three times thicker and perforated by fistulous openings in an oblique direction. Below the trochanter major large porous osseous callus, below which the cortical substance porous like honey-comb, enclosing carious and osteoporotic sequestra. Still deeper, some small collections of fatty cretaceous thickened and almost solidified pus. The adjoining bone eburnated. The superior epiphysis excavated; its remains osteoporotically (sponge-like) consumed, cartilage perforated like a sieve, partly attenuated, partly twice as thick, and glued to the acetabulum. Ligamentous apparatus softened and thickened. Exuberant osteophytes around the neck of the femur and acetabulum.

Most of the vital organs anæmic; but no morbid changes except in the liver and kidneys, which present progressive amyloid-degeneration. Spleen small and contracted.

FIFTH CASE.

JACOB MOSIMAN, aged 17; gardener's apprentice. In childhood often troubled with glandular affections. 1855, affected with acute rheumatism of tibio-tarsal articulation. After preliminary chills, disturbance of appetite and lassitude, for a few days, on the 4th of May, 1856, was attacked with sudden and violent pain in the depth of the right thigh, which prostrated him so that he could not move, and obliged him to keep his bed. On the third day, tension of lower half of thigh. Pressure very painful at the affected location and toward the leg and foot. On the sixth day, phlegmonous swelling, terminating above and below in a hardened wall. Integuments dirty pale; veins distinct. Eighth day, swelling flattened with deep-seated fluctuation at the inner and posterior circumference. In the same proportion increase of constitutional disturbance with pulse at 115; towards night 120—140.

On the tenth day enters hospital. In this case another therapeutic plan was resorted to. Although there was no doubt as to the presence of extensive fluctuation, yet no incision was made, all efforts being centred upon reducing the activity of the symptoms. Hence painting with Iodine, with subsequent application of oil compresses; immobility of the limb; purgatives, *acidum Halleri*, and opium at night. After lapse of three days, Iodine painting repeated. With the excep-

tion of pain all other symptoms decreased. About the third week, the process exhibit a more chronic character, with little or no fever; rest and appetite tolerably good, pains moderate, swelling strictly circumscribed. Administered cod liver oil and iron.

The proper time seemed to have arrived for the opening of the abscess.

For this purpose the hot prismatic was employed. Several pints of thin, oily, sanguineous pus escaped. The periosteum was obviously raised from the bone by liquid, green-yellowish, discolored.

The reaction was but moderate. The discharge was kept free, and the quality of the same improved by injections with a solution of iodide of potassium. On the eighth day, the subperiosteal collection was opened by zinc paste, the discharge commenced in twenty-four hours, and in the same ratio the periosteum became more attached to the bone. In as far as the abscess was concerned, all went on well, the cavity and periosteum granulating; when in the sixth week, the affection of the knee-joint attracted new attention, in consequence of its increased tenderness, oedema of the integuments and surrounding tissues, and raising of the patella, which, however, did not lead to increased constitutional disturbances. After twenty-four hours the empyema of the articulation could not be doubted, its development was evidently connected with the primary osteomyelitis of the bone having extended toward the lower epiphysis. There was a posterior displacement of the head of the tibia. The opening of the joint was delayed, and at last entirely abandoned. The joint having become more consolidated, and the deformity diminished; the oedema, however, continued. During these favorable changes of the joint, the condition of the femur became more satisfactory. From the original opening made by the actual cautery and the two subsequent incisions made for the purpose of relieving the parts from burrowing pus, the condition of the bone could be well explored. While the latter penetrated the soft covering of the periosteum near the extremes of the swelling it came in contact with a porous, osseous mass over the lower third of the femur, which indicated the progressive formation of a sequestral capsule. At the upper end of the lower third the commencement of the capsule could be felt as a hard, semi-lunar projection, by means of two oblique fistulous openings. The probe entered the medullary cavity. By the removal of a few small fragments of dead bone at the bottom of the first opening, a third fistulous tract was cleared large enough to admit the finger. During the subsequent two months, whilst the knee-joint became more ankylosed, occasion was taken to study the affection of the bone by the finger and probe. A peripheral sequestrum about one inch in length being removed, permitted access to a central sequestrum; a careful examination of the latter presented the same as porous and corroded. After an enlargement of the cavity by Heine's osteotome, the said sequestrum was extracted in

fragments at the end of the fourth month, attended, however, by a profuse arterial hemorrhage from the exuberant granulations around the fistulous openings and the soft parts. Tamponading and compression arrested this. The length of the sequestrum amounted to three inches; its lower extremity was almost as thick as the femur near its epiphysis and was rough from corrosion. The upper extremity became gradually pointed and was scarcely the third of the circumference of the normal shaft, the entire sequestrum being carious, sinuous and fragile. But trifling reaction followed the operation. The fistulous openings became rapidly reduced in size by exuberant granulations. At the beginning of the fifth month the patient had so far recovered as to proceed to Schinznach and to use its spa. I saw the patient after the lapse of one year. He had acquired a greater mobility of the knee-joint and could use his extremity for support and locomotion; remarking, however, that since his discharge from the hospital the fistulous openings had broke again and discharged small fragments of bone.

SIXTH CASE.

JACOB ZIMMERMAN, aged 18; farm laborer; after unusually severe exertion on the 15th and 18th of January, 1857, experienced violent pain at the lower third of the left thigh, including the neighboring knee-joint. He had forthwith to suspend his work, to limp home and to take to his bed, which he did not leave for a month. Before any additional local symptoms had manifested themselves, a violent fever set in. The attending physician suspected rheumatism and acted accordingly. In about fourteen days the painful location became oedematous and swollen. Fever continued and the pains grew in extent, accompanied by chills, headache, want of appetite and sleep. Thus becoming worse and obviously more prostrate, the patient was removed to the hospital and therein admitted on the 14th of February.

The patient appeared pallid and much exhausted; was very feverish; tongue thickly coated and dry; complained of violent pains in the left thigh whenever his position was disturbed. Thigh slightly flexed, integuments oedematous, shiny and ashy. The phlegmonous tumefaction extends to the middle of the thigh, terminating with a deep-seated, hard ridge. Knee-joint considerably distended; pulsations on touch and distinctly fluctuating. The swelling of the extremity more prominent on the outside, increasing toward its posterior circumference.

It could be easily discovered that the joint was not the seat of the primitive disease. From the analogy with the preceding cases the diagnosis was clear.

The success of the lately adopted treatment was so inviting as to give it preference. The acuteness of the morbid process was first arrested. Thorough application with Tinct. iodine responded most admirably. In about a fortnight the disease had assumed a more chronic type, a moderate fever without distinct exacerbations

was still manifest, yet the appetite had obviously improved. Pains still continued with some intensity, not much increased however by touch.

As in the preceding case, the opening of the abscess was effected by the prismatic iron. It ran parallel with the external border of the vastus externus for about eleven and a half inches and separated the integuments to the bone. A large quantity of ichor issued forth. The exploring finger noticed the bone bare, but not necrotic. The cavity injected with a solution of pot. iod. and tinct. iodine; later dressings with acid. pyrolignosum, by which the suppuration became lessened. The integuments became gradually adherent to the bone, and the cavity reduced in size. The joint remained untouched by the actual cautery. At the end of the fourth week a counter-opening became necessary, from whence ichorous matter, with old blood coagulated, were discharged. When the condition of the bone was explored through the former, a separation and slight displacement of the epiphysis, with a valve mobility, was discovered. Lateral movement of knee-joint. Continuation of former treatment; rarer dressing; slightly flexed position of the extremity, well secured against accidental disturbance. Iron and cod-liver oil internally.

At the sixth week, the patient again feverish, restless and sleepless; diminished appetite. New oedema of the affected extremity; along the femoral vein a firm chord, extending into the popliteal space. Painting with tinct. iodine over the thrombosed vein. The diastasis of the epiphysis more marked, but the distension of the joint decidedly lessened.

April 10th, intense chill, with succeeding profuse perspiration during the night. The same repeated on the 11th inst. Renewed painting with iodine. Quinine internally. Decrease of fever and oedema. The thigh-bone begins to enlarge, more particularly toward its lower epiphysis. The joint less moveable; its tumefaction and distension almost entirely vanished. Rigid rest of the extremity observed.

On the 12th of May, the case was exhibited to the clinical class, when the following was noted: integuments without swelling; femur thickened in its lower half; distinct callus at the junction of the epiphysis, with the diaphysis, without any mobility; pressure painless; femoral vein again free; joint almost normal, although disfigured from the posterior and internal displacement of the femoral epiphysis; patella likewise internally displaced; mobility of joint almost lost. The opening of the cauterization almost closed, and strange to say, located at the posterior circumference of the thigh. The extremity is, by one centimetre, longer than its fellow. The patient left his bed the middle of May, and soon afterward was discharged.

SEVENTH CASE.

Marie Z., aged 13, received November the 19th, 1859. The patient had always been of

delicate and lymphatic constitution, and had occasionally been subject to glandular swellings. Her present suffering began three weeks ago, without perceptible cause. The first symptom was intense pain in the left knee, from whence it however soon spread over the extremity, the latter becoming at once useless. Next a violent rigor set in, followed by continuous heat, want of rest and sleep. On the third day, an acute oedema made its appearance at the lower third of the left thigh, chiefly around the epiphysis, being hot and tense. In the progress of the local affection, the whole extremity became rapidly involved in the tumefaction. At the end of the second week the integuments were discolored. The veins could be felt like solid cords. An explorative puncture at that time had no result.

After a fortnight's preparation of the patient, in the manner stated in the previous case, her condition had so far improved as to admit the opening of the abscess. The prostration of the patient commanded cauterization. By means of the actual cautery, the fascia was divided and the limb relieved of a large quantity of sanious matter, contaminated with old coagula. The cavity was carefully cleansed, in the former way. After some days, the periosteum was likewise opened by zinc-paste; the bone was already black, striated and rough. The surface of the abscess was painted with tincture of iodine. There could be no doubt as to the co-existence of an articular empyema, for the joint is greatly distended, the patella raised, the fluctuation distinct, and the ligaments greatly relaxed. On account of the experience derived from previous cases, the opening of the joint was deferred, particularly as the opening of the abscess of the thigh had been followed by febrile excitement. About the fourth week, the knee-joint had collapsed. Mobility was now, for the first time, detected above the condyles. The exploring finger revealed a posterior displacement of the epiphysis. At the same time, the detached periosteum presented luxuriant granulations, whereby the femur appeared to be considerably hypertrophied. The same treatment as in the latter cases. Suppuration was restrained by the use of pyrolignous acid; repeated painting of the joint with iodine; absolute rest, with proper apposition of the epiphysis. In the sixth week, beginning ankylosis and consolidation of the epiphysis with the diathesis. On the other hand, a diastasis of the tibial epiphysis is noticed, and the skin threatened with perforation from displacement and external pressure. Increasing debility and anaemia renders recovery doubtful. In addition to the already existing difficulties, the pus commences to burrow along the course of the semi-membranosus and tendinosus. Repeated opening of the abscesses with zinc-paste. About the twelfth week, ankylosis was almost perfect. The femoral epiphysis united by exuberant callus. The epiphysis of the tibia moveable laterally. The perforation might have been obviated in spite of an already existing

slough. The greater part of the femur considerably thickened. Through fistulous tracts a spacious sequestral chamber can be entered. The superior extremity of the sequestrum tolerably loose, but the inferior one still maintained its connection. A forcible separation could not be entertained, for fear of reproducing diathesis. At the end of the fifteenth week, a few fragments of the sequestrum were discharged. The tibial epiphysis had likewise united by bridge-like osteophytes. Suppuration rather abundant, but gradually diminishing, with new discharges of spiculi of bone. The patient is, at the end of the eighteenth week, allowed to get up. Under the use of tonics, her constitution gradually became invigorated, and the cure was completed by the use of the mineral waters of Schinsnach.

EIGHTH CASE.

G. G., aged 18, farm laborer, received on the 26th of December, 1857. Six weeks ago, without apparent cause, was attacked with violent rigors and prostration, followed by intense pain in the middle of the left thigh, disabling him from locomotion. The joints remained intact. On the fifth day, an acute oedema extending over the larger part of the thigh. Up to the eighth day, the swelling had assumed the character of a phlegmonous inflammation, centering at the vastus externus and rectus femoris. The inflammation proceeded in spite of energetic anti-phlogosis and direction toward the knee-joint.

When examined, a general oedema of the extremity was noticed, besides distinct fluctuation about the lower two-thirds of the thigh, and purulent collections in the knee-joint. Evidently the acute character of the disease had abated and given way to a chronic course, for there were no exacerbations of the fever, nor was there any great heat about the affected locality; the pains had likewise decreased. On the third day, the abscess was opened by the actual cautery. The periosteum was not touched, nor had we occasion to divide it at a later period, inasmuch as the subperiosteal infiltration gradually subsided with the free discharge of the abscess. Under the previously adopted treatment, the articular empyema diminished likewise. The discharge of a sanious matter lasted for two months, and was rather profuse. Repeated burrowing during that time rendered counter-openings necessary. Although the prognosis was unfavorable, on account of great debility, nevertheless a cure was accomplished in one hundred and ninety-six days, with preservation of the knee-joint. There had been but a partial solution of the epiphysal junction; the epiphysis had slightly shifted in and backward, thereby causing a moderate angular deformity. The femur was largely thickened, the hyperostosis diminishing however toward its inferior portion. As the patient complained of the increased weight of the extremity, it is not unlikely that the affected bone had suffered osteochlorosis. Necrosis was not observed in this case.

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THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, FEB. 21, 28, 1863.

AMERICAN MEDICAL ASSOCIATION.

CHICAGO, February 20th, 1863.

The next regular Annual Meeting of the American Medical Association will be held in the City of Chicago, Illinois, on the first Tuesday in June, 1863. Every permanently organized State, County, and Local Medical Society is entitled to send one Delegate for every ten members, and one additional Delegate for a fraction of more than half of that number. Medical Colleges, and Hospitals containing over 100 beds for the sick, are entitled to two Delegates; and all other permanently organized Medical Institutions are entitled to one Delegate each.

The Committee earnestly desire a full attendance from all parts of the country.

By order of the Committee of Arrangements,

N. S. DAVIS, *Chairman.*

INFLUENCE OF SCIENCE ON ART IN MEDICINE.

The Address before the New York State Medical Society, by its President, Dr. THOMAS HUN, of Albany, was an inquiry into the degree and kind of influence which the Progress of Medical Science during the present century has exerted over medical art.

This was discussed under the proposition, that medical science has fully kept pace with the advance of other physical sciences; by defining the object and limits of the art of medicine; and by defining and illustrating the nature and office of the physician; not as a curer of diseases, nature being always the healer of diseases, and the physician the interpreter and minister of nature. The office of the physician being not to take the place of nature, but to understand the course of disease, the mode of its restorative action, and to aid nature by removing the cause of the disease when this is possible, and by placing the patient in the most favorable condition for recovery. He stated that most diseases, when once established, ran through certain determined stages, having a definite duration, and tending to recovery; that in most instances, after a certain

time, nature suffices for a recovery, and that reliable statistics show that their duration is but little influenced by remedies, and that time is a necessary element in the recovery from disease. He illustrated this by the bad results of heroic treatment for the purpose of arresting typhoid fever in its commencement, and the advantages of *management* of the disease, rather than an attempt to *cure* by treating it.

The great practical advantage derived from modern science lies in the demonstration it affords of our inability to cure diseases, and of the irremedial nature of the lesion upon which diseases depend. The list of incurable diseases is greater now than it was a century ago, because by modern science we can, in their beginning, know that they are incurable; while statistics and experience prove that the practice of medicine has greatly improved within the half century, in the treatment of acute disease, both as regards the comfort of the patient and the more favorable results attained. Patients recover now without medicines from diseases for which a few years ago heroic practice was not only recommended but enjoined.

Suppose a practitioner sees a patient with hemiplegia, and the examination of the case leads to the conclusion, that there is an effusion of blood in the corpus striatum, which has torn the substance of this ganglia, and is compressing the adjacent parts of the brain. He sees at once that he has no means of removing this mass, nor of reuniting the torn fibres, and consequently he refrains from active treatment which would be likely to do harm and could do no good. A more ignorant, and consequently a more heroic practitioner, resorts at once to blood-letting, purgatives, and other medicines, with the vague expectation of removing some imaginary congestion or pressure. The superiority of the former consists not in his greater ability to cure the disease, but in refraining from injuring the patient by vain attempts to cure him. But besides this, he knows the course of the disease, he foresees the inflammation which will set in around the effused blood, the cyst which will be formed, the gradual absorption of blood which will ensue, and the partial restoration of movements which may be expected. Now, he cannot hasten or prevent this necessary succession of events any more than he can change the course of the seasons, but he can accommodate his patient's condition to them, and refrain from dangerous meddling.

The great object of our art then, is not to cure the sick man, but to carry him safely through those processes by which nature cures him.

Dr. HUN advocated conservatism in the administration of medicines, perhaps more than will at the present time meet with the unanimous endorsement of the profession. The address was characterized by cogency of logic, perspicuity of thought, and elegance of diction. It will be read with universal interest.

By giving a brief outline of Dr. HUN's Address, we have endeavored to show our appreciation of the importance of the subject. We sometimes think, however, that some of our older practitioners, who have of late become captivated with the notion that diseases may be cured with little or no medication are in danger of going a little too far. Perhaps they have some old sins of commission to atone for. A sin of omission may be quite as heinous. To a victim it is of little consequence perhaps whether he die by fire or by starvation. For our own part, in reviewing our medical career, while we cannot recall a single case where we had adopted too bold a practice, we have had occasion to regret not having pursued a more heroic one.

Undoubtedly, as we advance in medical science—as we learn more of etiology, pathology and therapeutics, the somatical will give place to the psychological, the material to the æsthetical, to a certain degree at least, in the treatment of disease. So be it. The change, like all changes founded on and guided by improved knowledge, will be for the good of mankind. But let us be sure that our "conservatism," so-called, is really founded on improved knowledge, rather than on a disposition to avoid the responsibility of adopting an active treatment.

While we are free to admit that there has been, and perhaps is, much abuse of remedies on the part of physicians, the tendency of late years, is toward a too timid rather than heroic practice.

It must not be forgotten that it is the public

and not the medical profession who are given to a too free use of remedial agents. Let us be careful that we do not mislead the young practitioner with mistaken notions of "conservatism" in medicine, and devote more time to enlightening the public on the subject.

We have not made these remarks because we consider that Dr. HUN's Address specially calls for them. We but embrace the opportunity of giving a word of caution on the general subject.

CONSERVATIVE SURGERY—EXECUTIONS.

We commence in this number the publication of one of the most valuable and interesting papers we have ever given to our surgical readers. We refer to Dr. SWINBURNE's admirable report, read before the late meeting of the New York State Medical Society, on Conservative Surgery. We are indebted to the courtesy of the officers of the Society for the privilege of giving it to our readers in anticipation of its appearance in the regular published transactions.

The paper is of especial value to Surgeons in the Army and Navy just at this time, and we would call the especial attention of our numerous readers in the public service to it.

The article will be completed in three numbers of the REPORTER. In order to publish the whole of it in the current volume, we have been reluctantly compelled to omit a few of the illustrative cases. Otherwise the article is complete.

THE MEDICAL COLLEGE OF OHIO.

This is the oldest Medical institution in the West, having been regularly in operation since 1820. It was founded by the distinguished Dr. DANIEL DRAKE, who died in that city in 1852. Amid the many changes that have taken place in the college since it was founded, it has always maintained a highly respectable position as a medical school. It has had many rivals, regular, irregular, and defective, but has pursued in the main, a steady, onward course, and has numerous alumni scattered all over the country,

particularly in the West and South. Its advantages for clinical instruction are excellent, and the faculty avail themselves fully of them. Particular attention is given to the cultivation of practical medicine and surgery, and there are few schools in the country where students witness more surgical operations. Cincinnati is the centre of a vast amount of trade, and must afford a large amount of clinical material.

The Spring term begins on the 16th of March, and will be full and complete, the main object being to prepare students for the army.

NEW YORK OPHTHALMIC SCHOOL.

The New York Ophthalmic School and Hospital held its Eleventh Anniversary on the 24th inst., in the Medical College in Fourteenth St., before a large and highly intelligent audience. The exercises of the evening were introduced with prayer by the Rev. EDWARD THOMSON, M. D., Editor of the Christian Advocate and Journal. The names of the graduating class were read by Dr. MARK STEPHENSON, lecturer on the anatomy, pathology, and treatment of diseases of the Eye, who remarked to the President that these young gentlemen were students from the different medical colleges in this city; that they have attended his lectures on ophthalmic surgery; been examined every Saturday by Dr. M. P. STEPHENSON; attended the clinics three days in the week; learned to diagnose diseases of the eye; watched the effect of remedies from day to day, and witnessed the various operations at the hospital, where over one thousand patients are prescribed for every year. And he furthermore remarked he thought they were better qualified to practice this department of their profession than many physicians who have been twenty or thirty years in practice.

The diplomas were presented by SOLOMON JENNER, A. M., President of the Institution, as follows:

A. E. Jenner, M. D., Ohio; J. M. Wadde, Yates County, N. Y.; J. P. Schenck, Jr., Dutchess County, N. Y.; De Witt Webb,

Dutchess County, N. Y.; J. H. McCann, M. D., Louisville, Ky; Robert King, Geneva, N. Y.; H. G. Olmsted, M. D., N. Y. City; James Hutchinson, St. John, N. B.; Chas. P. Sanderson, M. D., Ohio; R. J. Mordon, M. D., Canada West; J. H. Chittenden, Binghamton, N. Y.; Thos. Thompson, Delaware County, N. Y.; G. A. Hayunga, M. D., Canada West; J. H. Hunter, M. D., Concord, N. H.; M. C. Rowland, M. D., Washington County, N. Y.; W. J. Orton, Broome County, N. Y.

The graduates were then addressed in a very forcible and appropriate manner by Dr. MARCUS P. STEPHENSON, one of the attending surgeons, under whose immediate instruction and examination they had been during the past Winter. The Valedictory Address was delivered in a very able and pleasing manner by ALEXANDER E. JENNER, M. D., one of the graduating class, and the exercises of the meeting closed with an eloquent address by J. P. GARRISH, M. D.

NOTES AND COMMENTS.

The Ambulance Service.—The re-organization of this important department of the army is attracting a good deal of attention. Many petitions are being sent to Congress on the subject, which it is hoped will have the effect of eliciting enlightened action on the part of that body. At the recent meeting of the New York State Medical Society, Drs. SWINBURNE and WILLARD, of Albany, were appointed a committee to confer with the Government and with the Medical Societies of sister States, on the subject, and with a view to the appointment of a local medical agent or agents for each State, in Washington, to provide additional means of relief for the sick and wounded soldiers, on the battle-field, and while being transported to their homes. The Governor of Massachusetts has appointed such an agent, and we believe New York has also.

In our opinion, when the plans of the government are fully matured, the provision for the sick and wounded will be ample, except on the occasion of a severe battle, when, for a time, all the auxiliary aid that can be had, that will not interfere with existing arrangements, would prove valuable.

Variola.—The general prevalence of this disease is somewhat remarkable. Our correspondence from every section of the country reveals

this fact. It is probable that its prevalence is to be attributed in some degree to the spread of the small-pox infection from the army, through volunteers who have contracted the disease and have been allowed a furlough for the purpose of recruiting.

A correspondent in one of the northern counties of this State writes us under date of Feb. 14, that an entire school in his neighborhood had been exposed, and that twenty-five of the children had already taken to their beds.

Physicians should be particular to have all within range of their practice protected by vaccination.

The Surgeon-General, U. S. A., is urgently calling for a supply of vaccine matter, for the purpose of protecting the troops. We will forward, free of expense to the government, all vaccine matter sent to this office for that purpose.

Commissioner of Lunacy.—We are glad to observe that there is probability of the passage by the Legislature of New York of an Act establishing the office of Commissioner of Lunacy. It will be the duty of the commissioner to visit all institutions, public and private, where insane persons are confined. The salary proposed is \$2000 per annum, and three dollars a day additional when on duty.

The title should be, Commissioner of *Insanity*, as "lunacy" and "lunatic" are, in medicine at least, fast becoming obsolete terms.

We trust that the day is not far distant when such an office will be established in this State. It is much needed. There are over 2000 insane persons in the State, some of them in hospitals, but the majority in country poor-houses and private families. This class of people should be closely looked after by the public authorities. There is always great danger of their being neglected or abused.

To Contributors.—We must claim the indulgence of contributors. We have in hand a very large number of communications, clinical reports, letters from correspondents, etc. etc., some of which have been on hand for some time. These articles will appear as rapidly as possible, and we can assure our readers that they will well pay perusal. As we anticipate resuming our *Weekly issues* in April, we shall relieve our "docket" more rapidly, as well as find plenty of

room for many other important papers that are in course of preparation for our columns.

We are now publishing some of the best clinical reports from the Philadelphia, New York and Brooklyn hospitals, that we have ever had. We have a large stock on hand, and shall continue their publication.

Veterinary College of Philadelphia.—The commencement of this College will take place on the 3rd of March, when the degree of Doctor of Veterinary Medicine and Surgery will be conferred on three candidates.

There ought to be a flourishing Veterinary School in this city. The difficulty with these Schools, hitherto, so far as our observation extends, has been that they have fallen into the hands of ignorant men or men of narrow ideas in medicine. We trust that a different state of things exists in the Philadelphia Veterinary School—that its professors have an idea above Lobelia.

Vaccination in Pertussis.—Dr. JAS. B. VANDERVEER, of North Branch, N. J., writes us that he has recently vaccinated a number of patients to counteract, or rather to mitigate, protracted cases of Pertussis, with very satisfactory results. Dr. VANDERVEER has had the same experience on former occasions.

Increased Rank of Surgeons in the Navy.—An important bill is before the Senate Naval Committee, providing for the grade of Fleet Surgeons in the Navy, consisting of the eighteen senior Surgeons on the active list, who shall be commissioned as Fleet Surgeons, with the rank of Captain.

ARMY AND NAVY NEWS.

CONGRESSIONAL.

U. S. SENATE, Feb. 14, 1863.

Ether in the Army.—Mr. WILSON, of Massachusetts, from the Committee on Military Affairs, to whom was referred the petition of Dr. W. T. G. MORTON, asking compensation for the use of ether in the army, made a report of the facts without any recommendation.

Hospital Department.—Mr. HOWARD of Michigan, introduced a bill to increase the efficiency of the hospital department of the army. Referred to Committee on Military Affairs.

Surgical History of the War.—Mr. NESMITH of Oregon, offered a resolution, which was adopted, requesting the Surgeon-General to submit to the Senate, as soon as the same can be in readiness, the material prepared by him relating to the medical and surgical history of the rebellion, and such other medical statistics as may be in preparation in his office.

The Ambulance Corps.—Mr. WILSON, from the Military Committee reported adversely upon the House bill organizing an Ambulance Corps for the army, on the ground of impracticability.

Duties and Penalties of Surgeons.—In the bill for enrolling and calling out the National Forces, and for other purposes, the following sections have reference to the duties and penalties of Surgeons:

SEC. 14. *And be it further enacted*, That all drafted persons shall, on arriving at the rendezvous, be carefully inspected by the surgeon of the board, who shall truly report to the board the physical condition of each one; and all persons drafted and claiming exemption from military duty on account of disability, or any other cause, shall present their claims to be exempted to the board, whose decision shall be final.

SEC. 15. *And be it further enacted*, That any surgeon charged with the duty of such inspection, who shall receive from any person whomsoever any money or other valuable thing, or agree directly or indirectly to receive the same to his own or another's use for making an imperfect inspection or a false or incorrect report, or who shall wilfully neglect to make a faithful inspection and true report, shall be tried by a court martial, and, on conviction thereof, be punished by fine not exceeding five hundred dollars nor less than two hundred, and be imprisoned at the discretion of the court, and be cashiered and dismissed from the service.

APPOINTMENTS.

The following additional appointments of Surgeons and Assistant Surgeons in the Army and Navy, have just been announced. (For other names in this connection, see page 241 of this volume.)

ARMY.—*Surgeons.*—J. C. Whitehill, Illinois; Alexander B. Mott, N. Y.; Wm. M. Breed, Penn.; Pliny A. Jewett, Conn.; John J. Reese, Penn.; John O. Bronson, N. Y.; Aug. C. Bourbonville, Penn.; Wm. S. Forbes, Penn.; Thos. P. Gibbons, Penn.; David Stanton, Penn.; Fred. S. Ainsworth, Mass.; Francis Salter, Ohio; Howard Culbertson, Ohio; Asst. Surg. Aug. M. Clarke; Asst. Surg. Jos. H. Wythes; Asst. Surg. Wm. Moss; Asst. Surg. S. S. Mulford; Asst. Surg. E. D. Kittoe; Asst. Surg. John Wilson; Jas. W. Fitzpatrick, N. Y.; Geo. B. Twitchell, N. H.; Jas. M. McNulty, Cal.; R.

M. S. Jackson, Penn.; Socrates A. Sherman, Vt.; Asst. Surg. J. M. Robinson; Asst. Surg. Adolphus Majer; Asst. Surg. Samuel B. Davis; Asst. Surg. E. W. Thrum; Asst. Surg. J. R. Ludlow; Asst. Surg. J. B. Brumley; Asst. Surg. Charles Mayo; Asst. Surg. F. Hayden; Asst. Surg. Sanford B. Hunt; Asst. Surg. W. H. Gobrecht; Asst. Surg. Geo. R. Weeks.

Assistant Surgeons—Ernest W. Thurm, D. C.; Jacob R. Ludlow, Md.; John D. Brumley, N. J.; Seymour D. Carpenter, D. C.; Charles Mayo, D. C.; Richard D. Lynde, N. Y.; Joseph W. Applegate, Ind.; Ferdinand Hayden, Pa.; Robert L. Braden, Conn.; Roger W. Pease, Md.; John B. Johnson, N. J.; Alexander M. Speer, Ky.; Dennis B. Hannan, Mass.; St. John W. Mintzer, Penn.; Jacob W. Merriam, N. Y.; Harley P. Mathewson, Vt.; Jas. H. Peabody, Md.; David S. Gloninger, Pa.; Sam. D. Turney; Ohio; Geo. R. Weeks, O.; Henry Jones, Vt.; Samuel B. Davis, Kansas; E. D. Kittoe, Ill.; Lewis D. Harlow, Penn.; Edwin Freeman, O.; Edward J. Whitney, N. Y.; William S. Edgar, Ill.; Mitchell H. Picot, Penn.; Caleb W. Horner, Penn.; Charles E. Swasey, N. H.; William Watson, Iowa; Robert K. Taylor, Iowa; William Frothingham, New York; Richard J. Levis, Pennsylvania; Sanford B. Hunt, Md.; Wm. H. Gobrecht, Penn.; Robt. S. Kenderdine, Penn.; J. William Lawton, Conn.; Lewis J. Rice, Penn.; Benj. B. Wilson, Penn.; Jacob J. De Lameter, Penn.; Horatio B. Buck, Me.; Edward F. Bates, N. Y.; Henry N. Fisher, N. Y.; Jos. B. Morrison, Penn.; M. King Moxley, O.; Wm. W. Wythes, Del.; Chas. F. Haynes, Me.; Abel C. Benedict, Conn.; Jas. M. Laing, N. Y.; Francis Greene, N. Y.

NAVY.—Surgeons.—Edward F. Corson; David Kindleberger; William E. Taylor; James McMaster.

Assistant Surgeons.—Samuel H. Peltz, of Pennsylvania; Daniel McMurtrie, of Penna.; George H. Cooke, of New Jersey; Heman P. Babcock, of New York; Samuel F. Shaw, of New York; William Longshaw, Jr., of Mass.

ASSIGNMENT.

Surgeon W. CLENDENIN, United States Volunteers, now on duty in the Emory Hospital in this city, and Assistant Surgeon J. M. BROWN, United States Army, now on duty in the College Hospital, Georgetown, D. C., to report in person to the General Commanding Department of the Cumberland, and by letter to Assistant Surgeon-General R. C. Wood, St. Louis, Mo.

CHANGES.

Surgeon E. H. ABADIE, U. S. A., has resumed his duties at West Point Academy, as Post Surgeon, having been relieved from duty as President of the Army Medical Board at Philadelphia.

Surgeon T. H. BACHE, U. S. V., of this city, has been appointed Medical Inspector, First Army Corps, Left Grand Division, Army of the Potomac.

Surgeon A. C. BOURNONVILLE, U. S. V., formerly in charge of Fifth Street Hospital in this city, is now in charge of Race Street United States Army Hospital.

Assistant-Surgeon C. W. HORNOR, U. S. V., has been appointed as Surgeon-in-charge of the Summit House Hospital on the Darby road in this city.

Assistant-Surgeon J. B. BURTON, United States Army, has been ordered from Frederick, Maryland, to Fort McHenry. Surgeon C. F. H. CAMPBELL, United States Volunteers, has been ordered from Frederick, Maryland, to Harper's Ferry, as Medical Director.

Assistant-Surgeon WILLIAM MOSS, United States Volunteers, has been appointed Recorder of the Army Medical Board for the examination of Surgeons and Assistant-Surgeons of Volunteer regiments.

Surgeon J. L. LECONT, United States Volunteers, formerly in charge of the Chester Hospital, has been appointed Acting Medical Director of St. Louis.

Assistant-Surgeon A. PUTZE, of the Fourth Pennsylvania Reserves, was dismissed from the service, but had resigned prior to his dismissal.

Surgeon EBENEZER SWIFT, United States Army, Medical Director of the Department of Cumberland, has been ordered to the General Hospital at Chester, Pennsylvania.

Hospital Steward L. E. ATKINSON, United States Army, has been appointed Assistant-Surgeon of the Twelfth Pennsylvania Cavalry.

Surgeon G. L. PANCOAST, United States Volunteers, Medical Director of the Third Army Corps, has been appointed Medical Director of General STONEMAN's Corps of Cavalry.

Assistant-Surgeon M. H. PICOT, United States Volunteers, formerly in charge of the Catharine Street Hospital, Philadelphia, has been assigned to duty at Eckington Hospital, Washington.

Assistant-Surgeon J. H. BILL, United States Army, has been ordered from Frederick, Md., to New York City.

Assistant-Surgeon R. R. TAYLOR, United States Volunteers, has been ordered to the General Hospital at Hestonville, West Philadelphia.

DR. HAMLIN, Medical Director of SIGEL's Corps, has been appointed Medical Inspector of the army, with the rank of Lieutenant-Colonel. DR. GEORGE H. SUCKLEY, formerly Medical Director of FREMONT's staff, succeeds him.

DISCHARGES.

War Department, Adjutant-General's Office, Washington, Feb. 12, 1863.—[Extract].—Special Orders, No. 71.—9. Surgeon CHARLES NEWHAUS, Twenty-ninth New York Volunteers, is hereby honorably discharged the service of the United

States on account of disability, to date Nov. 14, 1862.

Assistant-Surgeon T. A. LEWIS, Ninety-eighth Ohio Volunteers, has been honorably discharged the service of the United States on account of disability.

Surgeons GEORGE S. KEMBLE and THOMAS McMARTIN, United States Volunteers, are by direction of the President, honorably discharged the service of the United States, on account of ill health.

NEWS AND MISCELLANY.

Pension Examining Surgeons.—DRS. BENJAMIN J. MOORE of Plattsburg, N. Y., and AUGUSTUS L. SAUNDERS of Brookfield, N. Y., have been appointed Medical Examiners by the Commissioner of Pensions.

The Hospitals in Washington.—There are about 6,500 patients in the Washington Hospitals. All the churches that have been used as hospitals have been given up to their congregations.

Soldiers in Hospital.—The number of sick and wounded soldiers in the various hospitals in and near Washington, on the 7th inst., was between seven and eight thousand.

In the general hospitals throughout the country, the number is about 90,000.

Woman's Hospital Association.—This association held its anniversary at the Institution, 83 Madison Avenue, New York, on Saturday, the 31st ult.

Dr. METCALFE, President of the Medical Board, spoke of the present condition of the hospital, and of the benefits that had been bestowed on humanity by the establishment of this institution. The operations necessary for curing and relieving those applying at this place are such as the surgeon, or physician in general practice, cannot successfully perform. To attain the requisite dexterity or knowledge, it is important that great numbers of cases should be seen, and carefully studied; and this is only possible in an establishment like the Woman's Hospital. So high is the reputation acquired by Dr. SIMS, the former surgeon in charge, that in France, where operations are acknowledged as second to none in the world, the opinion and assistance of Dr. SIMS are eagerly sought by the most eminent men of the profession, in cases presenting unusual difficulties or danger. Since the formation of our hospital many have been restored to health that were considered incurable. The last year over 400 out-door patients received medical and surgical aid gratuitously, besides the free list in the institution. Fifty are attended to each week, from whose homes they could not be spared to remain in the hospital. Each county in the

State are entitled to a free patient, and that all may exert individual effort for the better support of the present hospital, and enable the building to be erected for enlarged benevolence and better accommodation.

Dr. THOMAS EMMET has charge of the hospital during the absence of Dr. SIMS in Europe.

MEDICAL BOARD.

Consulting Physicians—JOHN T. METCALFE, M. D., President; ED. DELAFIELD, M. D., HORACE GREEN, M. D., LL.D.

Consulting Surgeons—VALENTINE MOTT, M. D., LL.D.; ALEX. H. STEVENS, M. D., LL.D.

Surgeons—J. MARION SIMS, M. D.; THOMAS ADDIS EMMET, M. D.

House Physician—G. STORRS WINSTON, M. D.

Stature of American Soldiers.—From statistics gathered by the Medical Department, it appears that out of 100 men examined from each of the following States, there were from

	Gr'test Ht. Over 6 ft. ft. in.		Gr'test Ht. Over 6 ft. ft. in.
Indiana.....	18 6 4½	S. Carolina.....	15 6 4½
Kentucky.....	18 6 3½	Alabama.....	17 6 4
Ohio.....	15 6 3½	Virginia.....	15 6 2
Tennessee.....	18 6 3	New York.....	4 6 1½
Maine.....	11 6 2	Pennsylvania.....	5 6 1
Vt. and N. H.....	6 6 1	N. J. and Del.....	6 6 1
Mass and Conn.....	5 6 3	Maryland.....	9 6 2
N. Carolina.....	24 6 3½	Illinois.....	17 6 3
Georgia.....	30 6 6½	Missouri.....	8 6 1½

Dissection of a Hottentot.—At a meeting of the Boston Society of Natural History, the President, Dr. WYMAN, gave an account of the dissection of a Hottentot, who recently committed suicide in this city:—

"The subject was a young and healthy adult, who came to his death by suicide. The chest was well formed and prominent, the shoulders were well made but not broad, the loins very hollow, the hips narrow, the thighs full and feminine, and the calves slender. There was no beard, no hair in the axillæ or on the pubes. The ears were well formed, but the lobule was quite small. The web between the fingers was more extensive than usual, and gradually increased in breadth from the index to the little finger, where it reached as far as the joint between the first and second phalanx.

"Height of the body, 65½ inches; spread of arms from tip to tip of middle finger, 66; from top of head to top of trochanter, 29½; from top of trochanter to sole of foot, 36; breadth of shoulders, 13; breadth of waist, 9½; breadth of hips through trochanters, 11½; length of arm from acromion, 30½; length of thigh from trochanter, 18; length of leg from top of tibia to sole, 18; length of hand, 7½; length of foot, 9.

"From a comparison of the above measurements it will be seen, that while the height of the body and the spread of the arms are almost exactly equal, and thus conform to the standard of a well-proportioned man, the legs are disproportionately long. The tops of the trochanters, instead of being in the middle of the whole height, are five and a half inches above it.

"The brain weighed 3 lbs. 2 oz. av., which is

about the average weight of an European brain. There are no weights of the brains of Hottentots given in the tables of the comparative weight of the human brain. Dr. MORTON gives the measurements of three Hottentot crania, the average capacity of which is 75 cubic inches. A cubic inch of brain is estimated to weigh 259.57 grains, and this multiplied by 75 would give, as the whole weight, about 2 lbs. 12 oz. av."—*Boston Med. and Surg. Journal*.

Liquid Glue.—To any quantity of glue use common whisky instead of water. Put both together in a bottle, cork it tight, and set it for three or four days, when it will be fit for use without the application of heat. Glue thus prepared will keep for years, and is at all times fit for use, except in very cold weather, when it should be set in warm water before using. To obviate the difficulty of the stopper getting tight by the glue drying in the mouth of the vessel, use a tin vessel, with the cover fitting tight on the outside to prevent the escape of the spirit by evaporation. A strong solution of isinglass made in the same manner is an excellent cement for leather.—*Chemical News*.

Answers to Correspondents.

Dr. J. W., Ohio.—We can furnish you a case of instruments for \$12. You would do better, however, to have a case which would cost you \$15, as the additions will more than compensate for the increase of price.

Dr. N. B. K., Penna.—Andral's Works are republished in this country, and we can obtain them for you at an expense of \$3 for the set.

MARRIED.

ALLISON—CRAIG.—Jan. 27th, by Rev. T. S. Leason, Samuel Allison, M. D., of Clarion, Pa., and Miss Jennie Craig, of Brookville, Pa.

BONSALL—LOTZ.—On the 20th inst., by the Rev. G. W. Thompson, Henry W. Bonsall, Esq., of Norristown, and Miss Ada daughter of Dr. Joseph R. Lotz, of New Berlin, Union county, Pa.

M'CONAUGHY—BROWN.—On February 4th, by Rev. Thomas Johnston, D. W. McConaughy, M. D., and Miss Annie E. Brown, both of Madison, Westmoreland Co., Pa.

PRATT—SIMPSON.—On the 20th of February, by Rev. S. W. Thomas, Lyndea M. Pratt, M. D., of Groton, Mass., and Miss Mary N., daughter of the late Wm. Simpson, Esq., of Phila.

DIED.

CAMMANN.—On Saturday morning, Feb. 14th, at his residence, at Fordham, Geo. F. Cammann, M. D., in the 56th year of his age.

CARTER.—In this city, on the 22d inst., Edward Lovering Carter, only child of Dr. W. L. Carter, in the 8th year of his age.

DIXON.—In Moosop, Conn., Feb. 5th, of chronic diarrhoea, contracted while in the service of his country as Surgeon of the Twenty-first Connecticut Volunteers, L. E. Dixon, M. D.

KINDLEBERGER.—On the 19th inst., Garlinda Kindleberger, wife of Dr. D. Kindleberger, U. S. N.

LEAVITT.—In St. Croix, W. I., on Saturday, January 25, J. Edwards Leavitt, M. D., son of the late Jonathan Leavitt, of this city.

LEVIN.—On Thursday afternoon, the 19th inst., Henrietta Roberts, youngest daughter of Dr. H. J. and Henrietta E. Levin, aged one year and two months.

ROGERS.—On the evening of the 21st inst., Fanny Lewis, wife of Robert E. Rogers, M. D.

SHARPLESS.—On the 18th inst., Jacob Sharpless, M. D., in the 72d year of his age.

Vital Statistics.

OF PHILADELPHIA, for the week ending Feb. 14, 1863.
Deaths—Males, 142; Females, 176; boys, 68; girls, 44. Total, 288. Adults, 140; children, 12. Under two years of age, 59. Natives, 191; Foreign, 54. People of color, 13.

Deaths in the U. S. Army Hospitals, 22.

Among the causes of death, we notice—Apoplexy, 7; convulsions, 9; croup, 8; cholera infantum, 0; cholera morbus, 0; consumption, 40; diphtheria, 7; diarrhoea and dysentery, 9; dropsy of head, 2; debility, 26; scarlet fever, 10; typhus and typhoid fevers, 10; inflammation of brain, 8; of bowels, 2; of lungs, 17; bronchitis, 1; congestion of brain, 4; of lungs, 3; erysipelas, 1; whooping-cough, 1; marasmus, 5; small-pox, 4.

For week ending February 15, 1862.....281
" " February 7, 1863.....290

Population of Philadelphia, by the census of 1860, 568,034. Mortality, 1 in 2325.

OF PHILADELPHIA, for the week ending Feb. 21, 1863.
Deaths—Males, 145; females, 128; boys, 73; girls, 64. Total 273. Adults, 136; children, 137. Under two years of age, 88. Natives, 198; Foreign, 67. People of color, 11.

Deaths in the United States Army Hospitals, 21.

Among the causes of death, we notice—Apoplexy, 2; convulsions, 8; croup, 8; cholera infantum, 3; cholera morbus, 1; consumption, 44; diphtheria, 11; diarrhoea and dysentery, 8; dropsy of head, 4; debility, 14; scarlet fever, 9; typhus and typhoid fevers, 6; inflammation of brain, 6; of bowels, 6; of lungs, 18; bronchitis, 1; congestion of brain, 3; of lungs, 2; erysipelas, 1; whooping-cough, 0; marasmus, 5; small-pox, 8.

For week ending February 23, 1862.....253.
" " February 14, 1863.....239.

Population of Philadelphia, by the census of 1860, 568,034. Mortality, 1 in 2080.

OF NEW YORK, for the week ending Feb. 9, 1863.
Deaths—Males, 212; females, 204; boys, 133; girls, 123. Total, 416. Adults, 160; children, 256. Under two years of age, 161. Natives, 287; Foreign, 129; Colored, 7.

Among the causes of death, we notice—Apoplexy, 2; infantile convulsions, 36; croup, 27; diphtheria, 19; scarlet fever, 19; typhus and typhoid fevers, 6; cholera infantum, 1; cholera morbus, 0; consumption, 61; small-pox, 2; dropsy of head, 23; infantile marasmus, 18; diarrhoea and dysentery, 6; inflammation of brain, 8; of bowels, 7; of lungs, 42; bronchitis, 11; congestion of brain, 0; of lungs, 0; erysipelas, 4; whooping-cough, 0; measles, 2; 218 deaths occurred from acute disease, and 30 from violent causes.

Population of New York, by the census of 1860, 814,277. Mortality, 1 in 1933.

OF NEW YORK, for the week ending Feb. 16, 1863.
Deaths—Males, 249; females, 293; boys, 134; girls, 135. Total, 488. Adults, 219; children, 269. Under two years of age, 189. Natives, 329; Foreign, 159; Colored, 3.

Among the causes of death, we notice—Apoplexy, 9; infantile convulsions, 30; croup, 23; diphtheria, 29; scarlet fever, 21; typhus and typhoid fevers, 17; cholera infantum, 0; cholera morbus, 0; consumption, 73; small-pox, 4; dropsy of head, 22; infantile marasmus, 26; diarrhoea and dysentery, 3; inflammation of brain, 9; of bowels, 0; of lungs, 29; bronchitis, 0; congestion of brain, 0; of lungs, 0; erysipelas, 3; whooping-cough, 0; measles, 2; 230 deaths occurred from acute disease, and 50 from violent causes.

Population of New York, by the census of 1860, 814,277. Mortality, 1 in 1668.

OF BOSTON, for the week ending Feb. 7, 1863.
Deaths—Males, 50; females, 23. Total, 73. Natives, 64; Foreign, 19.

Among the causes of death, we notice—Phthisis, 9; cholera infantum, 0; croup, 8; scarlet fever, 3; pneumonia, 5; variola, 0; dysentery, 0; typhus fever, 2; diphtheria, 3; whooping-cough, 0; convulsions, 2.

Population of Boston, 1860, 177,902. Average corrected to increased population, 84,23. Mortality, 1 in 2437.

OF BOSTON, for the week ending Feb. 14, 1863.
Deaths—Males, 37; females, 28. Total, 66. Natives, 49; Foreign, 17.

Among the causes of death, we notice—Phthisis, 11; cholera infantum, 0; croup, 4; scarlet fever, 6; pneumonia, 3; variola, 2; dysentery, 0; typhoid fever, 0; diphtheria, 0; whooping-cough, 1; convulsions, 3.

Population of Boston, 1860, 177,902. Average corrected to increased population, 81,14. Mortality, 1 in 2695.

OF PROVIDENCE, R. I., for the month of Jan., 1863.
Deaths—Males, 48; females, 30. Total, 78.

Among the causes of death, we notice—Apoplexy, 2; disease of brain, 2; consumption, 17; croup, 2; diphtheria, 5; typhoid fever, 6; disease of heart, 2; old age, 4; pneumonia, 6; scarlatina, 1.

In addition, 2 still-born were reported.
The population of Providence in 1860, was 50,666, which gives 1 death in 666 for the month.